Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF TENNESSEE	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Bring iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	THOMAS First name K Middle name SHUMAN Last name and Suffix (Sr., Jr., II, III)	PAMELA First name G Middle name SHUMAN Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-0547	xxx-xx-3677

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs. ■ I have not used any business name of		■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)		Business name(s)		
		EINs	_	EINs		
5.	Where you live	3509 COBBLE ST.		If Debtor 2 lives at a different address:		
		Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code		
		Davidson				
		County		County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition		Check one:		
		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Debtor 1 THOMAS K SHUMAN Debtor 2 PAMELA G SHUMAN Case number (if known) Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? □ Yes. When District Case number When Case number District When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12.

this bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

	otor 2 PAMELA G SHUM			Case number (if known)
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	etor
12.	I2. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business?		Go to Part 4.	
		☐ Yes.	Name and location of bus	siness
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				
If you have more than one sole proprietorship, use a separate sheet and attach				
	it to this petition.			ox to describe your business:
				ness (as defined in 11 U.S.C. § 101(27A))
				l Estate (as defined in 11 U.S.C. § 101(51B))
				defined in 11 U.S.C. § 101(53A))
				er (as defined in 11 U.S.C. § 101(6))
			☐ None of the abov	е
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the parall business in 11 U.S.C. 1116(1)(B).		
	For a definition of <i>small</i>	■ No.	I am not filing under Cha	pter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or An	ny Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat	■ No.		
	of imminent and identifiable hazard to public health or safety?		What is the hazard?	
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
	- •			Number, Street, City, State & Zip Code

Debtor 1 THOMAS K SHUMAN
Debtor 2 PAMELA G SHUMAN

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

page 5

	otor 1 THOMAS K SHUM PAMELA G SHUM				Case numbe	「 (if known)		
Par	t 6: Answer These Questi	ions for R	Reporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily con individual primarily for a person □ No. Go to line 16b.			ned in 11 U.S.C. § 101(8) as "incurred by an		
			Yes. Go to line 17.					
		16b.	Are your debts primarily but money for a business or investigation					
			☐ No. Go to line 16c.	silient of through the	operation of the basi	nood of invocations.		
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you ov	ve that are not consur	ner debts or busines	s debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. D are paid that funds will be ava			erty is excluded and administrative expenses		
	administrative expenses		□ No	□ No				
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	199	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,00)	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	\$ 100	050,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001	- \$50 million - \$100 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	\$ 100	\$50,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million	\$1,000,001 - \$10,000,001 \$10,000,001 \$50,000,001 \$100,000,00	- \$50 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
Par	t 7: Sign Below							
	you	I have ex	xamined this petition, and I decl	are under penalty of p	perjury that the inform	nation provided is true and correct.		
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.		
			orney represents me and I did nont, I have obtained and read the			t an attorney to help me fill out this		
		I reques	t relief in accordance with the ch	napter of title 11, Unite	ed States Code, spec	cified in this petition.		
		bankrup and 357	tcy case can result in fines up to 1.		nment for up to 20 y	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519		
		THOMA	MAS K SHUMAN AS K SHUMAN e of Debtor 1		/s/ PAMELA G SHU Signature of Debtor	IMAN		

Executed on September 2, 2019

MM / DD / YYYY

Executed on September 2, 2019

MM / DD / YYYY

Debtor 1	THOMAS K SHUMAN
Debtor 2	PAMELA G SHUMAN

Case number <i>(if k</i>	(nown)
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ GREGORY R.	ATWOOD	Date	September 2, 2019
Signature of Attorne	ey for Debtor		MM / DD / YYYY
GREGORY R. AT	TWOOD 24296		
Printed name			
ATWOOD & MC\	/AY LLP		
Firm name			
6953 CHARLOTT SUITE 401	TE PIKE		
NASHVILLE, TN	37209		
Number, Street, City, State	e & ZIP Code		
Contact phone 615-3	354-1995	Email address	gregatwoodlaw@gmail.com
24296 TN			
Bar number & State			

Fill	in this information to identify your case:			
Deb				
	First Name Middle N	ame Last Name		
	tor 2 PAMELA G SHUMAN see if, filing) First Name Middle N	ame Last Name		
	, ,	STRICT OF TENNESSEE		
Offic	ed States Bankruptcy Court for the: MIDDLE DI	STRICT OF TENNESSEE		
Cas (if knd	e number	_	□ Ch	eck if this is an
			_	ended filing
Sul Be as infor	s complete and accurate as possible. If two mar	lities and Certain Statistical Information ried people are filing together, both are equally responsible for complete the information on this form. If you are filing amendary and check the box at the top of this page.		
Part	1: Summarize Your Assets			
				r assets ue of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule	A/B	\$_	328,300.00
	1b. Copy line 62, Total personal property, from Sc	hedule A/B	\$_	25,770.54
	1c. Copy line 63, Total of all property on Schedule	A/B	\$_	354,070.54
Part	2: Summarize Your Liabilities			
				r liabilities ount you owe
2.	Schedule D: Creditors Who Have Claims Secured 2a. Copy the total you listed in Column A, Amount	by Property (Official Form 106D) of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	365,274.00
3.	Schedule E/F: Creditors Who Have Unsecured Cl. 3a. Copy the total claims from Part 1 (priority unsecured Cl. 3c. Copy the total claims from Cl. 3c. Copy the total claims from Part 1 (pri	aims (Official Form 106E/F) ecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority	unsecured claims) from line 6j of Schedule E/F	\$_	53,204.00
		Your total liabilities	\$	418,478.00
Part	3: Summarize Your Income and Expenses			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12	of Schedule I	\$_	9,354.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Sch	edule J	\$_	3,836.00
Part	4: Answer These Questions for Administration	ve and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7 ☐ No. You have nothing to report on this part of	the form. Check this box and submit this form to the court with you	ur other	schedules.
7.	■ Yes What kind of debt do you have?			
		Consumer debts are those "incurred by an individual primarily for a out lines 8-9g for statistical purposes, 28 U.S.C. § 159	a persoi	nal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

Best Case Bankruptcy

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1	THOMAS K SHUMAN
Debtor 2	PAMELA G SHUMAN

Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,976.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Best Case Bankruptcy

Doc 1

Fill in this	s information to ide	ntify you	ur case and th	nis filing	J:			
Debtor 1	THOMAS	K SH	UMAN					
Debtor 2	First Name PAMELA	G SH	UMAN	e Name	Last Name			
(Spouse, if fi	lling) First Name			e Name	Last Name			
United Sta	ates Bankruptcy Coul	t for the	: MIDDLE D	ISTRICT	OF TENNESSEE			
Case nun	nber							☐ Check if this is a amended filing
	al Form 106/ edule A/B:		perty					12/15
nformatior Answer eve	n. If more space is need ery question.	led, atta	ch a separate s	heet to th	married people are filing together, both are nis form. On the top of any additional pages Estate You Own or Have an Interest In			
1.1	Where is the property?			What	in the property? Object the second			
	9 COBBLE ST.			wnat	is the property? Check all that apply Single-family home	D		i D.d
Street	t address, if available, or oth	er descripti	ion		Duplex or multi-unit building Condominium or cooperative	the amount	of any secured	ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property</i> .
Nas	shville T	N 3	7211-0000		Manufactured or mobile home Land	Current va		Current value of the portion you own?
City	S	ate	ZIP Code		Investment property Timeshare Other	Describe to	e simple, tena	\$253,300.0 our ownership interest ency by the entireties, o
D	vi de e ve				has an interest in the property? Check one Debtor 1 only		e), if known. CY BY ENTI	RETY
Count	ridson ty			□ ■ □	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		if this is com	munity property
					r information you wish to add about this ite erty identification number:	m, such as lo	cal	

Official Form 106A/B Schedule A/B: Property page 1

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here.....

page 2

\$328,300.00

Part 2: Describe Your Vehicles

Debt Debt		THOMAS K PAMELA G			Case n	number (if known)	
3. C a	ırs, vans	, trucks, trac	tors, sport utility ve	hicles, motorcycles			
	No						
	Yes						
3.1	Make:	KIA		Who has an interest in the preparty? Che	ook one	Do not deduct secured	claims or exemptions. Put
3.1	Model:	SOUL		Who has an interest in the property? Che Debtor 1 only	eck one		red claims on Schedule D: aims Secured by Property.
	Year:	2015		Debtor 2 only			
		mate mileage:	35000	■ Debtor 1 and Debtor 2 only		Current value of the entire property?	Current value of the portion you own?
		formation:		☐ At least one of the debtors and another		ontillo proporty.	portion you own:
				☐ Check if this is community property (see instructions)		\$12,000.00	\$12,000.00
□ 5 A				rn for all of your entries from Part 2, inc			\$12,000.00
.p	ages you	i nave attach	ed for Part 2. Write	that number here			V12,000.00
Do y	ou own	or have any ∣		ems terest in any of the following items?			Current value of the portion you own? Do not deduct secured claims or exemptions.
E	<i>xamples:</i> No	I goods and Major appliares	nces, furniture, linens	, china, kitchenware			
			BIG SCREEN T	V, COUCH, CHAIRS			\$1,000.00
			MISC. PICTURE	AIRS, TABLES, BEDS, DRESSERS, ES AND BOOKS, RUGS, LAMPS, AI AND KITCHEN GADGETS, COOKW	PPLAINCES,	,	\$7,000.00
E	No	Televisions a		eo, stereo, and digital equipment; comput nedia players, games	ters, printers, s	canners; music collec	tions; electronic devices
			2 TVS, COMPUT	TER			\$300.00
E	xamples:		I figurines; paintings, ons, memorabilia, co	prints, or other artwork; books, pictures, o	or other art obje	ects; stamp, coin, or b	aseball card collections;

Official Form 106A/B Schedule A/B: Property page 3

	ebtor 1 ebtor 2	THOMAS K PAMELA G			Case numbe	r (if known)	
9.	Exampl ■ No	ent for sports a les: Sports, photo musical insti	ographic, exercise, and	d other hobby equipment; bicyo	cles, pool tables, golf clubs, ski	s; canoes a	nd kayaks; carpentry tools;
10.	Firearr	ns	s, shotguns, ammunitio	on, and related equipment			
	□ No	Describe					
	- res.	Describe				\neg	\$700.00
			300 MAGNUM RI	IFLE			\$700.00
11.	□ No		othes, furs, leather coa	ats, designer wear, shoes, acc	essories		
			CLOTHING				\$1,000.00
12.	□ No			y, engagement rings, wedding	rings, heirloom jewelry, watche	es, gems, go	
			RINGS				\$2,000.00
13.	Exam _l □ No	orm animals bles: Dogs, cats, Describe	birds, horses				
			MIN PIN NAMED	PETEY, CAT NAMED CO	СО		\$2.00
15	No No Yes. Add to for Page 1	Give specific in	formation of all of your entries number here		ding any health aids you did ntries for pages you have att	ſ	\$12,002.00
				erest in any of the following?	?		Current value of the
							portion you own? Do not deduct secured claims or exemptions.
16.	■ No		•	your home, in a safe deposit b	oox, and on hand when you file	your petitio	n
17.	Exam _l			cial accounts; certificates of de ccounts with the same institution	posit; shares in credit unions, t on, list each.	orokerage h	ouses, and other similar
	□ No ■ Yes			Institution name) :		

Official Form 106A/B Schedule A/B: Property page 4

	ebtor 2 PAMELA G				Case number (if known)	
		17.1.	CHECKING	BANK OF AMERICA	\$1,127.0	04
		17.2.	SAVINGS	BANK OF AMERICA	\$641.	50
18.	Bonds, mutual funds, Examples: Bond funds ■ No			serage firms, money market accounts		
	☐ Yes		Institution or issuer na	ame:		
19.	Non-publicly traded s joint venture	tock and	interests in incorpor	rated and unincorporated businesse	s, including an interest in an LLC, partnership, a	nd
	■ No					
	☐ Yes. Give specific in		about them ne of entity:		% of ownership:	
20.	Negotiable instrument	s include p	ersonal checks, cash	iable and non-negotiable instrument iers' checks, promissory notes, and mosfer to someone by signing or delivering	oney orders.	
	☐ Yes. Give specific int		about them uer name:			
21.	Retirement or pensio Examples: Interests in No			3(b), thrift savings accounts, or other p	ension or profit-sharing plans	
	Yes. List each accou		ely. of account:	Institution name:		
		PENS	SION	TEACHER RETIREMENT	Unknow	vn
22.		ed deposit	s you have made so t	hat you may continue service or use frublic utilities (electric, gas, water), telectric institution name or individual:		
23.	Annuities (A contract f	for a perio	dic payment of money	to you, either for life or for a number o	f years)	
	■ No □ Yes	ssuer nam	e and description.			
24.	Interests in an educat 26 U.S.C. §§ 530(b)(1),			alified ABLE program, or under a qu	alified state tuition program.	
		nstitution r	name and description.	Separately file the records of any inter	ests.11 U.S.C. § 521(c):	
	Trusts, equitable or form No □ Yes. Give specific in			ner than anything listed in line 1), an	d rights or powers exercisable for your benefit	
26.	Examples: Internet do			I other intellectual property s from royalties and licensing agreeme	nts	
	■ No□ Yes. Give specific in	formation	about them			
27.	Licenses, franchises, Examples: Building pe ■ No □ Yes. Give specific in	ermits, exc	lusive licenses, coope	s rrative association holdings, liquor licer	ses, professional licenses	

Schedule A/B: Property

Official Form 106A/B

Best Case Bankruptcy

page 5

Debtor 1 Debtor 2	THOMAS K SHUMAN PAMELA G SHUMAN		Case number (if known)	
Money or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax re	funds owed to you			
■ No □ Yes.	Give specific information abou	t them, including whether you already filed the re	eturns and the tax years	
■ No		nony, spousal support, child support, maintenand	ce, divorce settlement, property s	ettlement
Exam _i ■ No	amounts someone owes you ples: Unpaid wages, disability in benefits; unpaid loans you Give specific information	nsurance payments, disability benefits, sick pay,	vacation pay, workers' compens	ation, Social Security
31. Interes	sts in insurance policies	surance; health savings account (HSA); credit, h	omeowner's, or renter's insuranc	е
		of each policy and list its value. ny name: B	eneficiary:	Surrender or refund value:
If you somed No □ Yes. 33. Claims Examp □ No	are the beneficiary of a living to one has died. Give specific information s against third parties, wheth	you from someone who has died rust, expect proceeds from a life insurance policy er or not you have filed a lawsuit or made a disputes, insurance claims, or rights to sue		e property because
		POSSIBLE MEDICAL MALPRACTICE S WILLIAMSON MEDICAL CENTER AND MAY BE OUTSIDE S.O.L.		Unknown
■ No	contingent and unliquidated Describe each claim	claims of every nature, including counterclain	ms of the debtor and rights to s	et off claims
■ No	nancial assets you did not all	ready list		
	-	entries from Part 4, including any entries for	. • •	\$1,768.54
Part 5: De	escribe Any Business-Related Pr	operty You Own or Have an Interest In. List any real	estate in Part 1.	
No. Go	own or have any legal or equitab to to Part 6. Go to line 38.	le interest in any business-related property?		
Official For	m 106A/B	Schedule A/B: Property		page 6

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Best Case Bankruptcy

Debtor 1 Debtor 2	THOMAS K SHUMAN PAMELA G SHUMAN	Case number (if knov	vn)
	escribe Any Farm- and Commercial Fishing-Related Property Y you own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interest In.	
6. Do yo	u own or have any legal or equitable interest in any farı	m- or commercial fishing-related property?	
■ No	. Go to Part 7.		
☐ Ye	s. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That Y	ou Did Not List Above	
Exam ■ No	u have other property of any kind you did not already linples: Season tickets, country club membership . Give specific information	st?	
54. Add	the dollar value of all of your entries from Part 7. Write	that number here	\$0.00
Part 8:	List the Totals of Each Part of this Form		
55. Part	1: Total real estate, line 2		\$328,300.00
56. Part	2: Total vehicles, line 5	\$12,000.00	
57. Part	3: Total personal and household items, line 15	\$12,002.00	
58. Part	4: Total financial assets, line 36	\$1,768.54	
59. Part	5: Total business-related property, line 45	\$0.00	
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00	

\$0.00

Copy personal property total

\$25,770.54

Doc 1

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$25,770.54

\$354,070.54

Fill in this infor	mation to identify your	case:		
Debtor 1	THOMAS K SHUN	MAN Middle Name	Last Name	
Debtor 2	First Name PAMELA G SHUN		Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSEE	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1:	dentify the	Property Y	ou Claim as	Exempt
--	---------	-------------	------------	-------------	--------

	■ You are claiming state and federal nonbank	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)						
	☐ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B	any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
	3509 COBBLE ST. Nashville, TN 37211 Davidson County	\$253,300.00		\$7,500.00	Tenn. Code Ann. § 26-2-301					
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	COUCHES, CHAIRS, TABLES, BEDS, DRESSERS, MIRRORS, MISC.	\$7,000.00		\$7,000.00	Tenn. Code Ann. § 26-2-103					
PI L/ Al C	PICTURES AND BOOKS, RUGS, LAMPS, APPLAINCES, MISC. DISHES AND KITCHEN GADGETS, COOKWARE Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit						
	2 TVS, COMPUTER Line from Schedule A/B: 7.1	\$300.00		\$300.00	Tenn. Code Ann. § 26-2-103					
	Line Ironi Schedule A.B. T.1			100% of fair market value, up to any applicable statutory limit						
	300 MAGNUM RIFLE Line from Schedule A/B: 10.1	\$700.00		\$700.00	Tenn. Code Ann. § 26-2-103					
Line fro	LINE HOLL SCHEUUIE PAD. 10.1			100% of fair market value, up to any applicable statutory limit						

THOMAS K SHUMAN Debtor 1 Debtor 2 PAMELA G SHUMAN Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **CLOTHING** Tenn. Code Ann. § 26-2-104 \$1,000.00 \$1,000.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **RINGS** Tenn. Code Ann. § 26-2-103 \$2,000.00 \$2,000.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit MIN PIN NAMED PETEY, CAT NAMED Tenn. Code Ann. § 26-2-103 \$2.00 \$2.00 COCO Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit **CHECKING: BANK OF AMERICA** Tenn. Code Ann. § 26-2-103 \$1,127.04 \$1,127.04 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **SAVINGS: BANK OF AMERICA** Tenn. Code Ann. § 26-2-103 \$641.50 \$641.50 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit PENSION: TEACHER RETIREMENT Tenn. Code Ann. § 49-5-909 Unknown 100% Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit POSSIBLE MEDICAL MALPRACTICE Tenn. Code Ann. § Unknown \$0.00 **SUIT AGAINST WILLIAMSON** 26-2-111(2)(B) **MEDICAL CENTER AND RELATED** 100% of fair market value, up to **ENTITIES - MAY BE OUTSIDE S.O.L.** any applicable statutory limit Line from Schedule A/B: 33.1 Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Nο

Yes

Fill in this inform	nation to identify you	r case:			
Debtor 1	THOMAS K SHU	MAN			
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	PAMELA G SHU First Name	MAN Middle Name Last Name			
United States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE			
Case number _					
(if known)				_	if this is an
				amend	ded filing
Official Forn	n 106D				
		Who Have Claims Secure	d by Property	,	12/15
<u> </u>	D. Creditors	Wild Have Claims Secure	d by Froperty	<u>/</u>	12/13
		f two married people are filing together, both are e ut, number the entries, and attach it to this form.			
1. Do any creditors	have claims secured by	your property?			
☐ No. Check	this box and submit th	is form to the court with your other schedules. '	You have nothing else to	report on this form.	
Yes Fill in	all of the information b	nelow	-	·	
	II Secured Claims				
		nore than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim. If m	ore than one creditor has	a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, li	ist the claims in alphabetic	al order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 City Natio	nal Bank Of	Describe the property that secures the claim:	\$67,557.00	\$67,000.00	\$557.00
Creditor's Name	е	407 BRAXTON ST. Gassaway, WV 26624 Braxton County			
	corkle Ave	As of the date you file, the claim is: Check all that apply.			
	n, WV 25304	Contingent			
Number, Street	, City, State & Zip Code	Unliquidated			
Who owes the de	ebt? Check one.	Disputed Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
■ Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the	he debtors and another	☐ Judgment lien from a lawsuit			
Check if this cl community de		Other (including a right to offset)			
	Opened				
	11/01 Last Active				

Date debt was incurred 7/15/19

9655

Last 4 digits of account number

Debtor 1 THOMAS K SHUMAN First Name Middle N		Case number (if known)		
Debtor 2 PAMELA G SHUMAN	and East Name			
First Name Middle N	ame Last Name			
2.2 Conn Appliances Inc	Describe the property that secures the claim:	\$2,561.00	\$1,000.00	\$1,561.00
Creditor's Name	BIG SCREEN TV, COUCH, CHAIRS	<u> </u>	Ψ1,000.00	V1,001100
3295 College St	As of the date you file, the claim is: Check all that			
Beaumont, TX 77701	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Number, Street, City, State & Zip Code	☐ Unilquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	_			
	 An agreement you made (such as mortgage or secar loan) 	ecurea		
Debtor 2 only	,			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Opened 8/31/18 Last Active 7/31/19	Last 4 digits of account number 6570			
2.3 Credit Union Loan Sour	Describe the property that secures the claim:	\$15,498.00	\$12,000.00	\$3,498.00
Creditor's Name	2015 KIA SOUL 35000 miles		<u> </u>	, , , , , , , , , , , , , , , , , , ,
1669 Phoenix Parkway	As of the date you file, the claim is: Check all that			
College Park, GA 30349	apply.			
Number, Street, City, State & Zip Code	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	■ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Opened 8/21/18 Last Active 7/31/19	Last 4 digits of account number 0010			

Debtor 2 PAMELA G SHUMAN First Name Solida Name See	Debtor 1 THOMAS I	K SHUMAN		Case number (if known)		
Nationstar/mr Cooper Describe the property that secures the claim: \$276,923.00 \$253,300.00 \$23,623.00 \$309 COBBLE ST. Nashville, TN 37211 Davidson County Secure State S			ame Last Name			
SSSO Cypress Waters Blvd Coppell, TX 75019 Number, Steert, City, State & 2 p Cuck Who owes the debt? Check one, Debtor 1 only Debtor 2 only As agreement you made (such as mortgage or secured care lown) Authority fain (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Active Date debt was incurred Office Name Community debt Deste debt was incurred Office Name Conditions Name Conditions Name Deste Check if this care lien is care and sectors of the debtors and acother community debt Deste of the debt of the debtors and acother of the debto			ame Last Name			
SSSO Cypress Waters Blvd Coppell, TX 75019 Number, Steert, City, State & 2 p Cuck Who owes the debt? Check one, Debtor 1 only Debtor 2 only As agreement you made (such as mortgage or secured care lown) Authority fain (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Active Date debt was incurred Office Name Community debt Deste debt was incurred Office Name Conditions Name Conditions Name Deste Check if this care lien is care and sectors of the debtors and acother community debt Deste of the debt of the debtors and acother of the debto	National and	0	B	\$076,000,00	* 050 000 00	***
37211 Davidson County As of the date you flie, the claim is: Circls all these specifies of the date you flie the claim is: Circls all these specifies of the date you flie the claim is: Circls all these specifies of the date you flie the sp		Cooper		\$276,923.00	\$253,300.00	\$23,623.00
Bivd Coppell, TX 75019 Number, Street, Cay, State & 2p Cote Unifoundated Disputed			· ·			
Service Coppelled TX 75019 Coppelled TX 75019 Coppelled TX 75019 Coppelled TX 75019 Coppelled		Waters				
Number, Street, Clay, State & 26 Code Disputed		040	apply.	ai		
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Statutory lies (such as tax lien, mechanic's lien) Debtor 4 only Debtor 5 only Statutory lies (such as tax lien, mechanic's lien) Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Debtor 2 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, mechanic's lien) Debtor 1 only Station/sin (such as tax lien, lien) Debtor 1 only Station/sin (such as tax lien, lien) Debtor 1 only Station/sin (such as tax lien, lien) Debtor 1 only Station s						
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□ car foan) □ car foan) □ bettor 1 and Debtor 2 only □ At least one of the debtors and another community debt □ Check if this claim relates to a community debt □ Check if this callar relates to a community debt □ Check if this callar relates to a community debt □ Check if this callar relates to a community debt □ Check if this callar relates to a community debt □ Check if this callar relates to a Check and the callar	Who owes the debt? C	heck one.				
Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Other (including a right to offset) Judgment lien from a lawsuit Other (including a right to offset)	■ Debtor 1 only		, ,	or secured		
□ At least one of the debtors and another □ Check if this claim relates to a community debt Community debt Community debt Community debt	•		_ ′			
Community debt Copened or/1/17 Last Active Date debt was incurred 6/14/19 Describe the property that secures the claim: \$2,735.00 \$8,000.00 \$0.00 Condition's Name Condition's Name Contingent 10750 W Charleston Blvd Last 4 digits of account number Contingent 10750 W Charleston Blvd Last Vegas, NV 98135 Number, Street, City, State & 2ip Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another community debt Community debt Copened 6/19/11 Last 4 citye Date debt was incurred Copened 6/19/11 Last Active Date of the deblors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Last Active Date of the debtors and another community debt Copened 6/19/11 Copened 6/19/11 Co			<u> </u>	en)		
Opened 07/17 Last Active Date debt was incurred 6/14/19 Last 4 digits of account number 7212 2.5 Wyndham Vaca Creditor's Name As of the date you file, the claim is: Check all that apply. Contingent Nature of lien. Check all that apply. As an agreement you made (such as mortgage or secured car loan) As an agreement you made (such as mortgage or secured car loan) As an agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) Dudgment lien from a lawsuit Other (including a right to offset) Date debt was incurred Opened 6/19/11 Last Active Date debt was incurred 7/03/19 Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00 Write that number here: \$365,274.00 Write that number here: \$365,274.00 Value this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1, For example, if a collection agency is trying to collect from you for a debty ou were to semontified for any debt shart you isseed in Part 1, list the additional creditor's here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Namber. Street, City, State & Zip Code City NationNaL Bank Of WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE						
Date debt was incurred 6/14/19 Last 4 digits of account number 7212 2.5 Wyndham Vaca Describe the property that secures the claim: \$2,735.00 \$8,000.00 \$0.0		ilates to a	Uncluding a right to onset)			
Date debt was incurred 6/14/19 Last 4 digits of account number 7212 2.5 Wyndham Vaca Describe the property that secures the claim: \$2,735.00 \$8,000.00 \$0.0		Opened				
Date debt was incurred 6/14/19		•				
Describe the property that secures the claim: Cleditor's Name		Active		.40		
GATLINBURG TIMESHARE 10750 W Charleston Bivd Las Vegas, NV 89135 Number, Street, City, State & Zip Code Disputed	Date debt was incurred	6/14/19	Last 4 digits of account number			
GATLINBURG TIMESHARE 10750 W Charleston Bivd Las Vegas, NV 89135 Number, Street, City, State & Zip Code Disputed	2.5 Wyndham Vaa	•	Describe the property that accurace the claims	¢2 725 00	¢0 000 00	\$0.00
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		<u>a</u>		\$2,735.00	\$6,000.00	\$0.00
Las Vegas, NV 89135 Number, Street, City, State & Zip Code Contingent Unliquidated Disputed			CATEMBONG TIMESTIANE			
Las Vegas, NV 89135 Number, Street, City, State & Zip Code Contingent Unliquidated Disputed			As of the date you file the claim is: Check all the			
Number, Street, City, State & Zip Code Unliquidated Disputed			apply.	ai		
Who owes the debt? Check one. Disputed						
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 debtors and another Check if this claim relates to a community debt Opened 6/19/11 Last Active Date debt was incurred T/03/19 Add the dollar value of your entries in Column A on this page. Write that number here: S365,274.00 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: S365,274.00 Fart 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE	Number, Street, City, S	itate & Zip Code				
□ Debtor 2 only □ Car loan □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Under (including a right to offset) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Judgment lien from a lawsuit □ J	Who owes the debt? C	heck one.	•			
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Opened 6/19/11 Last Active Date debt was incurred 7/03/19 Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00 List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE	Debtor 1 only		An agreement you made (such as mortgage	or secured		
At least one of the debtors and another Check if this claim relates to a community debt Opened 6/19/11 Last Active Date debt was incurred At least one of the debtors and another Check if this claim relates to a community debt Opened 6/19/11 Last Active T/03/19 Last 4 digits of account number 8050 Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00 Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE	Debtor 2 only		_ ′			
Check if this claim relates to a community debt Opened 6/19/11 Last Active Date debt was incurred 7/03/19 Last 4 digits of account number 8050 Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00 Write that number here: \$365,274.00 Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE		=		en)		
Opened 6/19/11 Last Active 7/03/19 Last 4 digits of account number 8050 Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00	_		_			
Opened 6/19/11 Last Active 7/03/19 Last 4 digits of account number 8050 Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00 Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you use to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE		lates to a	☐ Other (including a right to offset)			
Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00	,					
Last Active 7/03/19 Last 4 digits of account number 8050 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00 Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE						
Add the dollar value of your entries in Column A on this page. Write that number here: \$365,274.00						
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00	Date debt was incurred	7/03/19	Last 4 digits of account number 80	50		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00						
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$365,274.00	Add the dollar value of	vour entries in C	olumn A on this nage Write that number here.	\$365.274.0	10	
Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE Last 4 digits of account number		•				
Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE Last 4 digits of account number	Write that number here	e :		\$305,274.0	10	
trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE Last 4 digits of account number	Part 2: List Others to	o Be Notified fo	r a Debt That You Already Listed			
than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number						
Name, Number, Street, City, State & Zip Code CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number						
CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE Last 4 digits of account number				, and the same same	,	
CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE Last 4 digits of account number	Name Number Ct	root City State 9	Zin Codo			
ATTN: OFFICE OR DIRECTOR Last 4 digits of account number 3601 MACCORKLE AVE. SE				n which line in Part 1 did you enter	the creditor? 2.1	
				st 4 digits of account number		
			Ē			

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 4

Debto	or 1	THOMAS K SHU	JMAN		Case number (if known)
		First Name	Middle Name	Last Name	
Debto	r 2	PAMELA G SHU	JMAN		
		First Name	Middle Name	Last Name	
П					
ш		me, Number, Street, Cit			On which line in Part 1 did you enter the creditor? 2.2
			RPORATION, INC.		,
	C/0	O CT CORPORAT	TION SYSTEM		Last 4 digits of account number
	30	0 MONTVUE RD.			
	Kn	oxville, TN 37919	9-5546		
$\overline{}$					
\sqcup	Nar	me, Number, Street, Cit	v. State & Zip Code		On which line in Part 1 did you enter the creditor? 2.4
		R. COOPER	y, state a <u>Lip</u> sode		On which line in Part 1 did you enter the creditor?
	C/O	O CORPORATION	N SERVICE CO.		Last 4 digits of account number
	29	08 POSTON AVE.			
	Na	shville, TN 37203	B-1312		
		·			
П			0		
_		me, Number, Street, Cit		^	On which line in Part 1 did you enter the creditor? 2.3
			N LOAN SOURCE, LL IZ, REGISTERED AGE		
		20 MANSELL RD.	,	IN I	Last 4 digits of account number
			,		
	Aij	pharetta, GA 3002	22		
П					
ш		me, Number, Street, Cit	•		On which line in Part 1 did you enter the creditor? 2.5
			ION RESORTS, INC.		· —
			CREATIONS NETWOR	RK, INC.	Last 4 digits of account number
		5 POWELL PL.			
	Br	entwood, TN 3702	27		

Fill in this	information to identify your o	ase:				
Debtor 1	THOMAS K SHUM	AN				
	First Name	Middle Name	Last Name			
Debtor 2	PAMELA G SHUM					
(Spouse if, filir	ng) First Name	Middle Name	Last Name			
United Sta	tes Bankruptcy Court for the:	MIDDLE DISTRIC	CT OF TENNESSEE			
Case numl	her					
(if known)						Check if this is an
						amended filing
O(() I	E 400E/E					
	Form 106E/F					
<u>Schedu</u>	ıle E/F: Creditors W	ho Have Un	secured Claims			12/15
left. Attach t name and ca	Creditors Who Have Claims Secu he Continuation Page to this page ase number (if known). List All of Your PRIORITY Un:	e. If you have no info				
1. Do any	creditors have priority unsecured	l claims against you	?			
■ No.	Go to Part 2.					
☐ Yes.						
	List All of Your NONPRIORIT	Y Unsecured Clair	ms			
3. Do any	creditors have nonpriority unsec	ured claims against	you?			
□ No.	You have nothing to report in this pa	art. Submit this form to	o the court with your other sche	edules.		
■ Yes.						
unsecur	of your nonpriority unsecured cla red claim, list the creditor separately e creditor holds a particular claim, list	for each claim. For e	ach claim listed, identify what t	ype of claim it is. Do i	not list claims already	included in Part 1. If more
						Total claim
4.1 Ar	nex	Last	4 digits of account number	6803		\$1,011.00
No	npriority Creditor's Name		_			
Р.	o. Box 981537	When	n was the debt incurred?	Opened 10/17 7/17/19	Last Active	
EI	Paso, TX 79998		i was the dept incurred:	7/11/19		
	mber Street City State Zip Code	As of	f the date you file, the claim i	s: Check all that appl	у	
	no incurred the debt? Check one.	_				
_	Debtor 1 only		ontingent			
_	Debtor 2 only		nliquidated			
	Debtor 1 and Debtor 2 only	_	isputed	l alaim.		
_	At least one of the debtors and ano	□ · · · · · · · · · · · · · · · · · · ·	of NONPRIORITY unsecured tudent loans	ı cıaım:		
□ del	Check if this claim is for a comm	iunity		votion cars	division that	
	the claim subject to offset?		bligations arising out of a sepa t as priority claims	ration agreement or 0	arvorce mai you did no	u.
	No		ebts to pension or profit-sharin	g plans, and other sir	nilar debts	
П	Yes	■ ^	Credit Card	1		

Debtor 1 THOMAS K SHUMAN Debtor 2 PAMELA G SHUMAN Case number (if known) 4.2 \$4,839.00 Avant Last 4 digits of account number 1810 Nonpriority Creditor's Name Opened 12/18 Last Active 222 N. Lasalle Suite 170 When was the debt incurred? 7/18/19 Chicago, IL 60601 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Unsecured 4.3 Cap1/neimn Last 4 digits of account number 9755 \$969.00 Nonpriority Creditor's Name Opened 10/17 Last Active Po Box 30253 When was the debt incurred? 7/15/19 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.4 **Capital Accounts** Last 4 digits of account number \$0.00 2278 Nonpriority Creditor's Name Po Box 140065 When was the debt incurred? **Opened 09/18** Nashville, TN 37214 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

Debtor 1 only ☐ Contingent ■ Unliquidated ■ Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Lenox Village Dentistry ☐ Yes

Debtor 1 THOMAS K SHUMAN Debtor 2 PAMELA G SHUMAN Case number (if known) Citicards Cbna 4.5 4888 \$635.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/11 Last Active Po Box 6217 When was the debt incurred? 7/01/19 Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.6 Comenitybank/elderbeer Last 4 digits of account number 0085 \$1,395.00 Nonpriority Creditor's Name Opened 08/16 Last Active Po Box 182789 When was the debt incurred? 8/01/19 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Charge Account

4.7 Credit First N A Last 4 digits of account number 6185 Nonpriority Creditor's Name Opened 05/12 Last Active 6275 Eastland Rd When was the debt incurred? 10/31/18 Brookpark, OH 44142 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☐ Yes

■ Other. Specify Charge Account

\$6.00

Debtor Debtor	THOMAS K SHUMAN PAMELA G SHUMAN		Case number (if known)	
4.8	Credit One Bank Na Nonpriority Creditor's Name	Last 4 digits of account number	4545	\$1,099.00
	Po Box 98872 Las Vegas, NV 89193	When was the debt incurred?	Opened 09/17 Last Active 7/16/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim: ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other Specify Credit Card		
4.9	Discover Fin Svcs Llc	Last 4 digits of account number	0061	\$3,507.00
	Nonpriority Creditor's Name Po Box 15316 Wilmington, DE 19850	When was the debt incurred?	Opened 11/16 Last Active 6/28/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepa	d claim: ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin		
	☐ Yes	Other. Specify Credit Card		
4.1	Elan Financial Service	Last 4 digits of account number	4296	\$190.00
	Nonpriority Creditor's Name Po Box 108	When was the debt incurred?	Opened 10/14 Last Active 7/31/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No.	Debts to pension or profit-sharin	g plans, and other similar debts	

☐ Yes

Other. Specify Credit Card

Fnb Omaha	Last 4 digits of account number	3854	\$789.00
Nonpriority Creditor's Name		Opened 12/12 Last Active	
Po Box 3412 Omaha, NE 68103	When was the debt incurred?	6/28/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	1	
FRANKLIN BONE AND JOINT CLINIC	Last 4 digits of account number		\$220.00
Nonpriority Creditor's Name 206 BEDFORD WAY Franklin, TN 37064	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify MEDICAL		
		00.45	***
Gs Bank Usa Nonpriority Creditor's Name	Last 4 digits of account number	8945	\$10,818.00
Po Box 45400 Salt Lake City, UT 84145	When was the debt incurred?	Opened 1/05/18 Last Active 7/05/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	■ Other, Specify Unsecured		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 11

Debto Debto	THOMAS K SHUMAN PAMELA G SHUMAN		Case number (if known)				
4.1 4	Jpmcb Card	Last 4 digits of account number	6272	\$10,018.00			
	Nonpriority Creditor's Name Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 03/18 Last Active 8/01/19				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.1 5	Jpmcb Card	Last 4 digits of account number	5304	\$522.00			
	Nonpriority Creditor's Name	_					
	Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 10/17 Last Active 7/30/19				
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	No	Debts to pension or profit-sharing	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Credit Card					
4.1	Kohls/capone	Last 4 digits of account number	6180	\$2,816.00			
	Nonpriority Creditor's Name	_					
	N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	Opened 11/10 Last Active 8/01/19				
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Charge Account

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 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debt	or 2 PAMELA G SHUMAN		Case number (if known)	
4.1 7	Merrick Bank Corp	Last 4 digits of account number	4582	\$2,140.00
	Nonpriority Creditor's Name	_	On an ad 00/47 I and Anthur	
	Po Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	Opened 03/17 Last Active 8/01/19	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.1 8	Premiere Nonpriority Creditor's Name	Last 4 digits of account number	3251	\$71.00
	2002 Wesley Indianapolis, IN 46219	When was the debt incurred?	Opened 8/24/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin	• •	
	Yes	Other. Specify Radiology	Alliance	
4.1 9	Syncb/amazon	Last 4 digits of account number	9974	\$698.00
	Nonpriority Creditor's Name	_		
	Po Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 12/10 Last Active 7/01/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	_	☐ Contingent☐ Unliquidated		

debt

■ No ☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Type of NONPRIORITY unsecured claim:

■ Other. Specify Charge Account

☐ Disputed

☐ Student loans

report as priority claims

Page 7 of 11

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debto	or 2 PAMELA G SHUMAN		Case number (if known)	
4.2	Syncb/belk Nonpriority Creditor's Name	Last 4 digits of account number	0971	\$426.00
	Po Box 965028 Orlando, FL 32896	When was the debt incurred?	Opened 06/12 Last Active 6/28/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharin		
	Yes	Other. Specify Charge Acc	count	
4.2	Syncb/lowes Nonpriority Creditor's Name	Last 4 digits of account number	1782	\$1,215.00
	Po Box 956005 Orlando, FL 32896	When was the debt incurred?	Opened 12/16 Last Active 7/01/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Charge Acc	count	
4.2	Syncb/lowes Nonpriority Creditor's Name	Last 4 digits of account number	9487	\$937.00
	Po Box 956005 Orlando, FL 32896	When was the debt incurred?	Opened 10/07 Last Active 7/15/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	■ Other. Specify Charge Acc	count	

Debtor 1 THOMAS K SHUMAN

Syncb/netwrk	Last 4 digits of account number	8005	\$1,777.00
Nonpriority Creditor's Name		Opened 09/17 Last Active	
C/o Po Box 965036 Orlando, FL 32896	When was the debt incurred?	7/15/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Syncb/walmart Nonpriority Creditor's Name	Last 4 digits of account number	<u> </u>	\$686.00
Po Box 965024 Orlando, FL 32896	When was the debt incurred?	Opened 11/16 Last Active 7/15/19	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Synah hyalmasi Da		9817	¢525.00
Syncb/walmart Dc Nonpriority Creditor's Name	Last 4 digits of account number	9017	\$535.00
Po Box 965024 Orlando, FL 32896	When was the debt incurred?	Opened 11/10 Last Active 7/31/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	Other, Specify	1	

	r 2 PAMELA G SHUMAN		Case number (if known)	
4.2	Wf Bank Na	Last 4 digits of account number	9500	\$4,498.00
	Nonpriority Creditor's Name	_	One and 40/47 Least Active	
	Po Box 14517 Des Moines, IA 50306	When was the debt incurred?	Opened 10/17 Last Active 7/16/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.2	Wf/dillard	Last 4 digits of account number	3940	\$887.00
/	Nonpriority Creditor's Name			• • • • • • • • • • • • • • • • • • • •
	Po Box 14517 Des Moines, IA 50306	When was the debt incurred?	Opened 05/12 Last Active 7/31/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,	,	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.2	WILLIAMSON MEDICAL CENTER	Last 4 digits of account number		\$500.00
	Nonpriority Creditor's Name P.O. BOX 12101	When was the debt incurred?		
	Trenton, NJ 08650 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	Пол		
	Debtor 2 only	☐ Contingent		
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify MEDICAL		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 11

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1	THOMAS K SHUMAN		
Debtor 2	PAMELA G SHUMAN	Case number (if known)	

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	•		•	Total Claim
T. (.)	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 53,204.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 53,204.00

Fill in this infor	mation to identify your	case:			
Debtor 1	THOMAS K SHUN	IAN			
	First Name	Middle Name	Last Name		
Debtor 2	PAMELA G SHUN	MAN			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSEE		
Case number					
(if known)				☐ Check if th	
				amended t	filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the street, City, State and ZIF	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	

Doc 1

Fill in this	information to identify your	case:			
Debtor 1	THOMAS K SHUN	//AN			
5 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	pamela G SHUN rigi First Name	MAN Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSEE		
Case num (if known)	ber			☐ Check if this is an amended filing	
Officia	l Form 106H				
	lule H: Your Cod	ebtors		12/15	j
fill it out, a your name		boxes on the left. Attac . Answer every questio	ch the Additional Page to n.	on. If more space is needed, copy the Additional Pago this page. On the top of any Additional Pages, write as a codebtor.	
■ No	6				
	hin the last 8 years, have you a, California, Idaho, Louisiana,			1? (Community property states and territories include ngton, and Wisconsin.)	
	Go to line 3. s. Did your spouse, former spou	use, or legal equivalent liv	ve with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make s	if your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Offic 6G). Use Schedule D, Schedule E/F, or Schedule G to	cial
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	P Code		Column 2: The creditor to whom you owe the del Check all schedules that apply:	ot
3.1	Name			□ Schedule D, line □ Schedule E/F, line □ Schedule G, line	
	Number Street City	State	ZIP Code	_	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	

Fill in this inform	nation to identify your ca	ase:		
Debtor 1	THOMAS K	SHUMAN		
Debtor 2 (Spouse, if filing)	PAMELA G	SHUMAN		
United States Ba	ankruptcy Court for the	: MIDDLE DISTRICT C	OF TENNESSEE	
Be as complete supplying corre spouse. If you a	e I: Your Incommendation and accurate as possible to information. If you are separated and you	sible. If two married peo	ng jointly, and your spouse is livin	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY 12/15 nd Debtor 2), both are equally responsible for a gwith you, include information about your about your spouse. If more space is needed,
Part 1: De	escribe Employment			case number (if known). Answer every question.
	escribe Employment			
Fill in your informatio If you have	r employment n.	On the top of any additi	onal pages, write your name and c	case number (if known). Answer every question.
Fill in your informatio If you have attach a se	escribe Employment r employment n.		onal pages, write your name and o	Debtor 2 or non-filing spouse
Fill in your informatio If you have attach a se	r employment n. more than one job, parate page with about additional	On the top of any additi	Debtor 1 Employed	Debtor 2 or non-filing spouse Employed
1. Fill in your informatio If you have attach a se information employers. Include par self-employ	r employment n. more than one job, parate page with about additional rt-time, seasonal, or yed work.	On the top of any additi	Debtor 1 Employed Not employed	Debtor 2 or non-filing spouse Employed Not employed
1. Fill in your informatio If you have attach a se information employers. Include par self-employ Occupation	r employment n. more than one job, parate page with about additional tt-time, seasonal, or	On the top of any additi Employment status Occupation	Debtor 1 Employed Not employed TEACHER WILLIAMSON COUNTY	Debtor 2 or non-filing spouse Employed Not employed TEACHER WILLIAMSON COUNTY BOARD OF

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

filing spouse		FOI Deptor 1		
6,680.00	\$	6,504.00	\$	2.
<u> </u>	· —		•	
0.00	+\$_	0.00	+\$	3.
6,680.00	\$	6,504.00	\$	4.

Debtor 1 Debtor 2 THOMAS K SHUMAN PAMELA G SHUMAN

Case number (if known)

				For I	Debtor 1	For Deb	tor 2 or g spouse	
	Сору	/ line 4 here	4.	\$	6,504.00	\$	6,680.00	
5.	Lists	all payroll deductions:						
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	4 420 00	¢	4 44 4 00	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ 	1,436.00 324.00	\$ \$	1,414.00 334.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$—	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	150.00	\$	124.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	48.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	· : —	0.00	· · —	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,958.00	\$	1,872.00	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,546.00	\$	4,808.00	
8.	8b. 8c.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8a. 8b.	\$ \$	0.00	\$\$ 	0.00	
		regularly receive Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	4	+ \$_	4,808.0	00 = \$	9,354.00
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule of de contributions from an unmarried partner, members of your household, your of friends or relatives. On include any amounts already included in lines 2-10 or amounts that are not a sify:	depen			ed in <i>Sche</i> e	dule J. 1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines				if it	2. \$	9,354.00 ed
13.	Do ye	ou expect an increase or decrease within the year after you file this form?	•					income
	_	Yes. Explain:						
	_	· · · [-						

Fill in this	information to identify yo	onic case.					
					Observa	- 16 (B.) - 1 -	
Debtor 1	THOMASK	SHUMAN				k if this is: An amended filing	
Debtor 2	PAMELA G S	SHUMAN			_	•	ving postpetition chapter
(Spouse, if							the following date:
United Stat	es Bankruptcy Court for the	: MIDDL	E DISTRICT OF TENNESS	SEE	1	MM / DD / YYYY	
Case numb	per						
Officia	al Form 106J			,			
Sche	dule J: Your	Exper	ises				12/15
Be as cor	mplete and accurate as	possible eded, atta	. If two married people ar				
Part 1:	Describe Your House	hold					
	is a joint case?						
	o. Go to line 2.						
■ Y	es. Does Debtor 2 live	n a separ	ate nousehold?				
	■ No □ Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of Debto	or 2.	
0 D	hava danandanta0	=					
2. Do y	ou have dependents?	■ No					
Do n Debt	ot list Debtor 1 and or 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Do n	ot state the						□ No
depe	endents names.						☐ Yes
							□ No
							☐ Yes
							□ No □ Yes
							☐ Yes
							☐ Yes
3. Do y	our expenses include	_	No				□ 163
•	enses of people other t	han $_{m \sqcap}$	Yes				
your	self and your depende	nts? □	163				
Part 2:	Estimate Your Ongoi						
	s as of a date after the l		uptcy filing date unless y y is filed. If this is a supp				
the value	of such assistance an		government assistance i			V	
(Otticial F	Form 106l.)					Your exp	C113C3
	rental or home owners nents and any rent for the		ses for your residence. In	nclude first mortgage	4. \$		0.00
	t included in line 4:	ū					
40	Peal estate tayon				40 ft		0.00
4a. 4b.	Real estate taxes Property, homeowner's	or renter	's insurance		4a. \$ 4b. \$	-	0.00
4c.	Home maintenance, re				4c. \$		100.00
4d.	Homeowner's associat				4d. \$		0.00
5. Addi	itional mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Official Form 106J

	tor 1 tor 2	THOMAS K SHUMAN PAMELA G SHUMAN	Case num	ber (if known)	
6.	Utiliti	ies:			
	6a.	Electricity, heat, natural gas	6a.	·	350.00
	6b.	Water, sewer, garbage collection	6b.		75.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		540.00
	6d.	Other. Specify:	6d.	·	0.00
7.		and housekeeping supplies	7.	·	750.00
8.		care and children's education costs	8.	·	0.00
9.		ing, laundry, and dry cleaning	9.	· -	100.00
10.		onal care products and services	10.	·	200.00
		cal and dental expenses	11.	\$	150.00
12.		sportation. Include gas, maintenance, bus or train fare.	12.	¢	700.00
12		ot include car payments.	13.	·	
		rtainment, clubs, recreation, newspapers, magazines, and books itable contributions and religious donations	13.	·	400.00
	Insur	•	14.	Ψ	100.00
15.		of include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	\$	0.00
	15b.	Health insurance	15b.	·	0.00
		Vehicle insurance	15c.	·	221.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.		•	
	Spec		16.	\$	0.00
17.	Insta	liment or lease payments:			
	17a.	Car payments for Vehicle 1	17a.	\$	0.00
	17b.	Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify:	17c.	\$	0.00
	17d.	Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.		r payments you make to support others who do not live with you.		\$	0.00
	Spec	ify:	19.		
20.	Othe	r real property expenses not included in lines 4 or 5 of this form or on Schee	dule I: Yo	our Income.	
	20a.	Mortgages on other property	20a.	\$	0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify: PET EXPENSES	21.	+\$	150.00
22.		ulate your monthly expenses			
		Add lines 4 through 21.		\$	3,836.00
	22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	3,836.00
23.	Calc	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,354.00
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,836.00
					<u>, </u>
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	5,518.00
		The result is your <i>monthly het income</i> .	200.	*	-,
24.	For ex	Du expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?			ease or decrease because of a
	□ Ye				
	— 16	55. <u>Explain note.</u>			

Fill in this inform	nation to identify your	case:					
Debtor 1	THOMAS K SHUN	/AN					
	First Name	Middle Name	Las	t Name	_		
Debtor 2	PAMELA G SHUN						
(Spouse if, filing)	First Name	Middle Name	Las	t Name			
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSE	E			
Case number							
(if known)							Check if this is an amended filing
Official Form		ا معالم ما معا	Dobt	- ul -	Cabadulaa		
Declarat	ion About a	ın Individual	Depto	ors	Schedules		12/15
years, or both. 18	or property by fraud i 3 U.S.C. §§ 152, 1341, 1 n Below		ruptcy cas	e can r	esult in fines up to \$250,00	00, or imp	risonment for up to 20
Did you pay	or agree to pay some	one who is NOT an attorr	ney to help	you fil	I out bankruptcy forms?		
■ No							
☐ Yes. N	lame of person						etition Preparer's Notice, nature (Official Form 119)
•	ty of perjury, I declare true and correct.	that I have read the sumr	mary and s	chedul	es filed with this declaration	on and	
X /s/ THO	MAS K SHUMAN		х	/s/ P/	AMELA G SHUMAN		
	AS K SHUMAN		^		ELA G SHUMAN		
	e of Debtor 1			Signa	ture of Debtor 2		
Date S	September 2, 2019			Date	September 2, 2019		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fil	l in this inforr	nation to identify you	r case:			
De	btor 1	THOMAS K SHU	MAN Middle Name	Last Name		
De	btor 2	PAMELA G SHU		Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF T	ENNESSEE		
	se number _ nown)				_	Check if this is an mended filing
St Be info	as complete a	of Financial	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
Pa	rt 1: Give I	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	r current marital statu	ıs?			
	■ Married □ Not ma					
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>.</i>	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory co, Texas, Washington and W	
	_	ake sure you fill out Sch	nedule H: Your Codebtors (Of	fficial Form 106H).		
Pa	rt 2 Explai	in the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No ■ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$55,041.78	■ Wages, commissions, bonuses, tips	\$56,775.37
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

	btor 1 btor 2		OMAS K MELA G					Ca	ase number (if known)			
5.	Include and o	de inc other p	ome regard oublic bene	lless of whet fit payments;	ner that inco pensions;	ome is taxable. E rental income; in	examples of terest; divide	dends; money colle	alimony; child supp	royalties; an	ecurity, unemploymod gambling and lotte	ent, ∍ry
	List e	ach s	ource and	the gross inc	ome from e	ach source sepa	rately. Do	not include income	that you listed in lir	ne 4.		
		No										
			Fill in the de	etails.								
					Debtor 1				Debtor 2			
						of income	each (befo	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deduction and exclusions)	ıs
Pa	rt 3:	List	Certain Pa	yments You	Made Bef	ore You Filed fo	r Bankrup	otcy				
c	A == =						_					
6.	_	No.	Neither D	ebtor 1 nor I	Debtor 2 ha	rimarily consum as primarily con family, or housel	sumer de	bts. Consumer dei	bts are defined in 11	U.S.C. § 10	1(8) as "incurred by	an
			•	90 days befo	ore you filed	d for bankruptcy,	did you pa	y any creditor a to	tal of \$6,825* or mo	re?		
□ No. Go to line 7.												
☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the paid that creditor. Do not include payments for domestic support obligations, such as child support and not include payments to an attorney for this bankruptcy case.												
			* Subject						on or after the date o	f adjustment		
		Yes.				ve primarily con d for bankruptcy,			tal of \$600 or more?	•		
			■ No.	Go to line	7.							
			□ Yes	include pay	ments for o				nd the total amount pport and alimony.		t creditor. Do not nclude payments to	an
	Crec	ditor's	s Name an	d Address		Dates of payr	nent	Total amount paid	Amount you still owe	Was this p	payment for	
7.	Inside of wh a bus alimo	ers indiction in the second in	clude your i ou are an of	elatives; any ficer, directo	general pa , person in	artners; relatives control, or owne	of any gen r of 20% o	eral partners; partr r more of their voti		u are a gene ny managing	ral partner; corporat agent, including on	
	_	No Yes. I	_ist all payr	nents to an ir	sider.							
			Name and			Dates of payr	nent	Total amount paid	Amount you still owe	Reason fo	or this payment	
8.	insid	er?			•	cy, did you mak		ments or transfer	any property on a	ccount of a	debt that benefited	l an
	_	No Yes. I	_ist all payr	nents to an ir	sider							
	Insid	der's	Name and	Address		Dates of payr	ment	Total amount paid	Amount you still owe		or this payment editor's name	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Debtor 2		THOMAS K SHUMAN PAMELA G SHUMAN			Case number	Case number (if known)			
Par	t 4:	Identify Legal Actions, Repossess	ions, an	d Foreclosures					
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.								
	_	No 'es. Fill in the details.	Fill in the details.						
		Asse title Nature of the case Court or agency asse number			Court or agency	Status of the case			
10.		n 1 year before you filed for bankru a all that apply and fill in the details be		as any of your prope	rty repossessed, foreclosed	, garnisl	hed, attached	d, seized, or levied?	
	_	No. Go to line 11.							
		itor Name and Address	Describe the Property Date					Value of the property	
						property			
 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. 					amounts from your				
		es. Fill in the details. itor Name and Address	Des	scribe the action the	creditor took	Date a	action was	Amount	
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes								
Par	t 5:	List Certain Gifts and Contribution	ns						
13.		n 2 years before you filed for banki No Yes. Fill in the details for each gift.	uptcy, d	lid you give any gifts	with a total value of more the	nan \$600) per person	?	
	Gifts	with a total value of more than \$60 erson	00	Describe the gifts		Dates the gi	you gave fts	Value	
	Perso Addr	on to Whom You Gave the Gift and ess:	Vhom You Gave the Gift and						
14.		n 2 years before you filed for banki No Yes. Fill in the details for each gift or o			or contributions with a tota	l value d	of more than	\$600 to any charity?	
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)					Value			
Par	t 6:	List Certain Losses							
15.		n 1 year before you filed for bankru mbling?	iptcy or	since you filed for ba	ankruptcy, did you lose anyt	hing be	cause of the	t, fire, other disaster,	
		No 'es. Fill in the details.							
		ribe the property you lost and the loss occurred		oe any insurance co	•		of your	Value of property lost	
	HOW	me 1055 00001180			ance has paid. List pending f Schedule A/B: Property.	loss		iost	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Part 7: List Certain Payments or Transfers

16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.						
	■ No						
	☐ Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment,	if Not You	Description and variansferred	value of any pro	operty	Date payment or transfer was made	Amount of payment
17.	 7. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. 						erty to anyone who
			Description and	value of any nr	onortu	Data navment	Amount of
	Person Who Was Paid Address		Description and value transferred	value of any pro	орегту	Date payment or transfer was made	Amount of payment
 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than pro transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 							
	Person Who Received Transfer		Description and			e any property or	Date transfer was
	Address		property transfer	red		nts received or debts exchange	made
	Person's relationship to you						
19.	Within 10 years before you filed to beneficiary? (These are often calle ■ No □ Yes. Fill in the details.			ny property to a	a self-settled	trust or similar device	of which you are a
	Name of trust		Description and	value of the pro	perty transfe	erred	Date Transfer was
							made
Par	rt 8: List of Certain Financial Ac	counts, Inst	ruments, Safe Deposi	t Boxes, and S	torage Units		
20.	Within 1 year before you filed for sold, moved, or transferred?	bankruptcy,	, were any financial ac	counts or inst	ruments held	I in your name, or for y	our benefit, closed,
	Include checking, savings, money houses, pension funds, cooperation No					shares in banks, cred	it unions, brokerage
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and Code)		Last 4 digits of account number	Type of acco		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have cash, or other valuables?	e within 1 ye	ear before you filed fo	r bankruptcy, a	ny safe depo	osit box or other depos	sitory for securities,
	No						
	☐ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and	ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe th	ne contents	Do you still have it?

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

22.	Have you stored property in a storage unit or p	place other than your home within	1 year before you filed for bankruptcy?	?			
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?			
Par	9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing for	, or hold in trust			
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Par	10: Give Details About Environmental Inform	nation					
For	he purpose of Part 10, the following definitions	s apply:					
•	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used						
	to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.						
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.							
24.	Has any governmental unit notified you that you ■ No	ou may be liable or potentially liable	e under or in violation of an environme	ental law?			
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of an	y release of hazardous material?					
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	ironmental law? Include settlements a	and orders.			
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	11: Give Details About Your Business or Co	nnections to Any Business					
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to any	business?			
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time				
	☐ A member of a limited liability compan	y (LLC) or limited liability partnersh	nip (LLP)				
Offici	al Form 107 Statement	of Financial Affairs for Individuals Filin	g for Bankruptcy	page 5			

	otor 1 THOMAS K SHUMAN PAMELA G SHUMAN		ase number (if known)				
	☐ A partner in a partnership ☐ An officer, director, or managing ex ☐ An owner of at least 5% of the votin No. None of the above applies. Go to	g or equity securities of a corporation					
	Yes. Check all that apply above and fil	I in the details below for each business.					
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed				
 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. 							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
Par	rt 12: Sign Below						
are to with 18 U	I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ PAMELA G SHUMAN						
	OMAS K SHUMAN Inature of Debtor 1	PAMELA G SHUMAN Signature of Debtor 2					
Dat	te September 2, 2019	Date September 2, 2019					
■ N	Did you attach additional pages to <i>Your Statement of Financial Affairs for Individuals Filing for Bankruptcy</i> (Official Form 107)? ■ No □ Yes						
	Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No □ Yes. Name of Person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation
\$24	ŀ5	filing fee
\$7	5	administrative fee
+ \$1	5	trustee surcharge
\$33	35	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

Best Case Bankruptcy

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy CourtMiddle District of Tennessee

In re	THOMAS K SHUMAN PAMELA G SHUMAN		Case No.				
		Debtor(s)	Chapter	13			
	DISCLOSURE OF COMPENS	ATION OF ATTO	RNEY FOR DE	BTOR(S)			
C	arsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), empensation paid to me within one year before the filing of the debtor(s) in contemplation of o	I certify that I am the attor f the petition in bankruptcy	ney for the above nam , or agreed to be paid	ed debtor(s) and that to me, for services rendered or to			
	For legal services, I have agreed to accept		1 2	4,250.00			
	Prior to the filing of this statement I have received		\$	0.00			
	Balance Due			4,250.00			
2. \$	0.00 of the filing fee has been paid.						
3. T	ne source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
l. T	ne source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
i. I	I have not agreed to share the above-disclosed compens	ation with any other person	unless they are memb	pers and associates of my law firm.			
[I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names						
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
a.	[Other provisions as needed] See attached Rights & Responsibilities.						
. В	y agreement with the debtor(s), the above-disclosed fee do See attached Rights & Responsibilities.	es not include the following	g service:				
	(CERTIFICATION					
	certify that the foregoing is a complete statement of any againkruptcy proceeding.	greement or arrangement fo	r payment to me for re	epresentation of the debtor(s) in			
Se	ptember 2, 2019	/s/ GREGORY R.					
Date		GREGORY R. AT Signature of Attorn ATWOOD & MCV 6953 CHARLOTT SUITE 401	ey 'AY LLP 'E PIKE				
		NASHVILLE, TN 615-354-1995 Fa					
		gregatwoodlaw@ Name of law firm	gmail.com				

United States Bankruptcy Court Middle District of Tennessee

In re	THOMAS K SHUMAN PAMELA G SHUMAN		Case No.	
		Debtor(s)	Chapter	13
	VERIF	ICATION OF CREDITOR	R MATRIX	
The abo	ove-named Debtors hereby verify that	the attached list of creditors is true and	correct to the best	of their knowledge.
Date:	September 2, 2019	/s/ THOMAS K SHUMAN THOMAS K SHUMAN		
		Signature of Debtor		
Date:	September 2, 2019	/s/ PAMELA G SHUMAN		
		PAMELA G SHUMAN		

Signature of Debtor

THOMAS K SHUMAN 3509 COBBLE ST. NASHVILLE TN 37211

PAMELA G SHUMAN 3509 COBBLE ST. NASHVILLE TN 37211

GREGORY R. ATWOOD ATWOOD & MCVAY LLP 6953 CHARLOTTE PIKE SUITE 401 NASHVILLE, TN 37209

AMEX P.O. BOX 981537 EL PASO TX 79998

AVANT
222 N. LASALLE SUITE 170
CHICAGO IL 60601

CAP1/NEIMN
PO BOX 30253
SALT LAKE CITY UT 84130

CAPITAL ACCOUNTS PO BOX 140065 NASHVILLE TN 37214

CITICARDS CBNA PO BOX 6217 SIOUX FALLS SD 57117

CITY NATIONAL BANK OF 3601 MACCORKLE AVE CHARLESTON WV 25304

CITY NATIONAL BANK OF WEST VIRGINIA ATTN: OFFICE OR DIRECTOR 3601 MACCORKLE AVE. SE CHARLESTON WV 25304

COMENITYBANK/ELDERBEER PO BOX 182789 COLUMBUS OH 43218

CONN APPLIANCES INC 3295 COLLEGE ST BEAUMONT TX 77701

CONN CREDIT CORPORATION, INC. C/O CT CORPORATION SYSTEM 300 MONTVUE RD. KNOXVILLE TN 37919-5546 CREDIT FIRST N A 6275 EASTLAND RD BROOKPARK OH 44142

CREDIT ONE BANK NA PO BOX 98872 LAS VEGAS NV 89193

CREDIT UNION LOAN SOUR 1669 PHOENIX PARKWAY COLLEGE PARK GA 30349

DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON DE 19850

ELAN FINANCIAL SERVICE PO BOX 108 SAINT LOUIS MO 63166

FNB OMAHA PO BOX 3412 OMAHA NE 68103

FRANKLIN BONE AND JOINT CLINIC 206 BEDFORD WAY FRANKLIN TN 37064

GS BANK USA PO BOX 45400 SALT LAKE CITY UT 84145

JPMCB CARD PO BOX 15298 WILMINGTON DE 19850

KOHLS/CAPONE N56 W 17000 RIDGEWOOD DR MENOMONEE FALLS WI 53051

MERRICK BANK CORP PO BOX 9201 OLD BETHPAGE NY 11804

MR. COOPER C/O CORPORATION SERVICE CO. 2908 POSTON AVE. NASHVILLE TN 37203-1312

NATIONSTAR/MR COOPER 8950 CYPRESS WATERS BLVD COPPELL TX 75019 PREMIERE 2002 WESLEY INDIANAPOLIS IN 46219

SYNCB/AMAZON PO BOX 965015 ORLANDO FL 32896

SYNCB/BELK PO BOX 965028 ORLANDO FL 32896

SYNCB/LOWES
PO BOX 956005
ORLANDO FL 32896

SYNCB/NETWRK C/O PO BOX 965036 ORLANDO FL 32896

SYNCB/WALMART PO BOX 965024 ORLANDO FL 32896

SYNCB/WALMART DC PO BOX 965024 ORLANDO FL 32896

THE CREDIT UNION LOAN SOURCE, LLC C/O WILLIAM MONIZ, REGISTERED AGENT 3820 MANSELL RD, STE 140 ALPHARETTA GA 30022

WF BANK NA PO BOX 14517 DES MOINES IA 50306

WF/DILLARD PO BOX 14517 DES MOINES IA 50306

WILLIAMSON MEDICAL CENTER P.O. BOX 12101 TRENTON NJ 08650

WYNDHAM VACA 10750 W CHARLESTON BLVD LAS VEGAS NV 89135

WYNDHAM VACATION RESORTS, INC. C/O CORPORATE CREATIONS NETWORK, INC. 205 POWELL PL. BRENTWOOD TN 37027